

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.†

California Medical Association, Hotel Del Monte, Del Monte, California, May 4-7, 1942.

American Medical Association, Atlantic City, June 8-12, 1942.

Forum on Allergy: Fourth Annual Conference, Detroit, Michigan, January 10 and 11, 1942.

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

American Medical Association Broadcasts.—*Doctors at Work*, the dramatized radio program broadcast by the American Medical Association and the National Broadcasting Company went on the air for its second season, beginning December 6, 1941, from 5:30 to 6 p. m., Eastern Standard time (4:30 to 5 p. m., Central Standard time; 3:30 to 4 p. m., Mountain Standard time; 2:30 to 3:30 p. m., Pacific Standard time.) The program will be broadcast on upward of seventy-five stations affiliated with the Red network of the National Broadcasting Company and will be heard from coast to coast.

Doctors at Work, a successful, serialized story broadcast last year, dealt with the experiences of a fictitious but typical American boy choosing medicine for his vocation

and proceeding to acquire the necessary education and hospital training for the private practice of medicine. Interwoven with the personal story of young Dr. Tom Riggs and his fiancée, Alice Adams, was the romance of modern medicine and how it benefits the doctor's patients.

The new series of broadcasts will resume where last year's story left off, namely, with the marriage of Tom Riggs and Alice Adams, and the subsequent life of a young doctor and his wife in time of national emergency in a typical, medium-sized, American city.

The program will be produced under the supervision of the Bureau of Health Education of the American Medical Association, W. W. Bauer, M. D., Director. Scripts will be by William J. Murphy of the National Broadcasting Company, author of such successful radio productions as "Flying Time," "Cameos of New Orleans," "Your Health," "Medicine in the News," and last year's "Doctors at Work." The scripts will again be produced by J. Clinton Stanley, and the National Broadcasting Company orchestra will be under the direction of Joseph Gallichio as heretofore. Actors will be drawn from the well-known group of Chicago radio actors previously heard in American Medical Association and other successful broadcasts.

The program will be available to all stations affiliated with the Red network of the National Broadcasting Company. Announcements should be sought in local newspaper radio columns, under the title "Doctors at Work," or possibly "American Medical Association" or, in some instances, "Health Broadcasts." Evidence of local interest in the program may be the determining factor in whether a local station takes this educational, sustaining feature or sells its time to a local revenue-producing program. Physicians and friends may wish to write to local stations in commendation of the programs.

Medical Broadcasts*

Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the month of January, 1942:

Saturday, January 3—KFAC, 8:45 a. m., *Your Doctor and You*.
Saturday, January 3—KFI, 9:45 a. m., *The Road of Health*.
Saturday, January 10—KFAC, 8:45 a. m., *Your Doctor and You*.
Saturday, January 10—KFI, 9:45 a. m., *The Road of Health*.
Saturday, January 17—KFAC, 8:45 a. m., *Your Doctor and You*.
Saturday, January 17—KFI, 9:45 a. m., *The Road of Health*.
Saturday, January 24—KFAC, 8:45 a. m., *Your Doctor and You*.
Saturday, January 24—KFI, 9:45 a. m., *The Road of Health*.
Saturday, January 31—KFAC, 8:45 a. m., *Your Doctor and You*.
Saturday, January 31—KFI, 9:45 a. m., *The Road of Health*.

Physicians' Automobile Emblems.—Automobile emblems for physicians' cars, designed in accordance with regulations of the State Department of Motor Vehicles, are now under production in both San Francisco and Los Angeles. These emblems are the only ones recognized by the State Highway Patrol as official for exemption of physicians from strict interpretation of state speed laws if the physician is answering a bona fide emergency call.

†In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

*County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Inquiry about the emblems may be made of the State Department of Motor Vehicles, Sacramento, or of Irvine & Jachens, 1068 Mission St., San Francisco, or American-Pacific Stamp Co., 918 S. Main St., Los Angeles.

Health as a Factor in Nation's Defense.*—A nation of strong, healthy people is a nation that has met the most primary and fundamental requirement of national defense.

Brigadier General Lewis B. Hershey, deputy director of the selective service machinery, says this nation must be more concerned with its health, and especially with the health of its young people.

He points to the serious fact that out of 1,000,000 examined for selective service, 380,000 have been rejected for physical deficiencies.

In a nation supposed to have the most modern and widespread medical facilities, this record is more than a little shocking. It is something of which we can be ashamed.

Of the 390,000 young men rejected from the first million men examined, approximately 130,000 were rejected because of troubles arising out of nutritional deficiencies. They had either been eating the wrong things most of their lives, or not enough of the right things.

The National Youth Administration, reporting on the physical condition of young people employed in its special training programs, says that nine out of every ten of them are suffering from health defects of some kind.

The American Medical Association, analyzing these records of health deficiency among millions of young Americans, says most of the defects can be remedied; that they are acquired, not hereditary.

That at least is hopeful.

Health is a basic national asset, important in peace time as well as in war time.

Right now, while the nation is still technically at peace, unsatisfactory health conditions, low resistance to infections and disease, are hampering the gigantic industrial armament effort.

Paul V. McNutt, administrator of the federal security system, pointed out the other day that "health, not strikes, is the real bottleneck in the defense program."

He pointed out further that strikes and lockouts were the cause of only two per cent of time lost in industry in the last year.

Sickness represented nearly 90 per cent of the normal working time lost in the last year.

The social security estimates place the toll of sickness at approximately 400,000,000 working days lost in the last year. This is the equivalent of the full-time normal services of about 1,100,000 workers annually.

The tremendous economic loss caused by poor health, and the gains that would be inherent in better health, can be understood in the light of these illuminating figures.

These are rather gloomy figures. They show a national health record that is not too good, that has room for great improvement.

Here are some brighter figures, reminding us that the United States, even with its discouraging record of sickness and physical deficiencies, is probably among the healthier nations of the world.

Americans have the best longevity record; the American baby born in 1941 has a life expectancy of more than 65 years.

The American maternity death rate record, which a few years ago was a national disgrace, has been cut in half since 1935.

In the last year such diseases as tuberculosis, pneumonia, diphtheria, appendicitis and scarlet fever have killed fewer persons per 100,000 of population in the United States than ever before in history.

The bad health record of which General Hershey complains so bitterly is not the fault of the medical profession in America. It is the fault of individual carelessness, ignorance, and lack of public health measures. These faults can be corrected, and if the defense crisis forces their correction, that will have been a very great gain.

Medicine in Early California Crude.—The advance of medicine during the past few decades seems almost miraculous when the careers of doctors of less than two centuries ago are studied.

So writes Frances Tomlinson Gardner, assistant in the library of the University of California Medical School, in an article in the current issue of the *Annals of Medical History*. The article is about Pedro Prat, a surgeon on the Spanish ship *San Carlos* sent from Mexico in 1769 to help establish the first colonies in California.

By the standards of his time, Prat was a good doctor, yet he was almost helpless in his attempts to attend to the needs of the scurvy-ridden crew of the ship *San Carlos* as it made its way to California.

Mrs. Gardner describes some of the attempts of Prat to help the crew as follows:

"He stirred the staggering survivors into using boiling vinegar to wash down the inside of the ship. He fumigated with everything he could find: brimstone, asafetida, some condemned tobacco he found, a barrel of pitch, and even flashed gunpowder moistened with vinegar hoping that the explosion would jar loose the infectious matter from the timbers.

"All this sounds absurd, and was, yet it must be remembered in deference to Prat and other eighteenth century sea-surgeons whose ability seems completely lacking, that conditions on dry land were hardly any better. This was the age of darkness in the progress of medicine when the processes of disease were unhampered by intelligent treatment and physicians were grouping in an abyss of conflicts and misinformation."

Only a few of the crew died during the voyage, but after the arrival of the ship at San Diego only a few could move about, and many died in an improvised hospital tent. The same conditions existed when Prat went with a party to Monterey, but in spite of handicaps the California colonies were established.

The Hidden Asset: "Services Donated by Physicians."—Leafing through a hospital report, physicians must sometimes make wry faces as they read in the list of "items received," such donations as "One Hundred dollars from John Smith" or "Flowers for the Solarium from Mary Brown." The wry faces are not due to any objection to the publicizing of such donations; but rather because the greatest contribution the hospital ever receives is somehow not listed in the "income" side of the hospital ledger. The greatest gift, of course, is the personal professional services of the medical staff given as a free contribution to ward and clinic patients. It would be a refreshing experience to see some hospital soberly list in its column of donations an acknowledgment such as "Services in clinic rendered by Dr. Black conservatively estimated at \$1500" or "Ward operations performed by Dr. Jones valued at least at \$10,000."

* Editorial in *Oakland Post-Enquirer*.

The services of the doctor are unconsciously or consciously omitted in hospital bookkeeping statements and hospital publicity. To be sure, in some reports a footnote announces that "The Board is grateful to the members of the medical staff for its cooperation" or something like that. But nowhere does it appear that the services of these doctors represent the paramount donation, equivalent to about 86 per cent of the gross hospital income. Indeed, the fallacy of so-called "free services" is carefully maintained. The doctors work gratis, therefore the work is given "free" to the patient and the cost need not appear in the hospital books. In a larger sense, of course, there are no "free" services. Even the water you get for your radiator in a service station is not really "free". It is an expense item, just as is the printing cost on a "free booklet" you receive through the mail. Someone pays for it.

So with "free medical services". The doctor "donates" or "gives" the service just as surely as the Ladies' Guild "gives" the flowers for the solarium, or just as surely as the other contributing patrons give cash to the hospital's endowment fund.

The services of the medical staff constitute a huge hidden asset not appearing in the hospital's books. How huge, any doctor can roughly calculate by finding the average clinic patient-load; the daily average ward census; and allowing a reasonable fee for the medical attendance, compute the dollars-and-cents value of the services rendered by the staff. Incidentally, the ordinary layman too often firmly believes that doctors *are* paid by the hospital for working in wards and clinics, and assumes thus that the medical profession is the beneficiary of taxed funds or private welfare contributions. The enlightenment of the public on this point would appear to be the job of the hospital authorities and Organized Medicine.

In our thinking and talking about the distribution of medical care, would it not be better—and more accurate—if we doctors, at least, abandoned the phrase "free medical services" and replaced it with "services donated by physicians"? At least some light would thus be thrown on this important hidden asset of the hospital.

Doctor's Urged for Coroners.†—Doctors, attorneys and judges of Santa Barbara county discussed ways and means of improving coroner and public administrator services in Santa Barbara county and throughout California, at a dinner meeting and a lecture in Bissell hall at the Cottage hospital this week.

The meeting was arranged by Dr. Lawrence F. Eder, program chairman and president-elect of the County Medical Association. The speaker was Dr. Jesse L. Carr of the University of California and medical examiner for the San Francisco coroner's office.

The point made by Dr. Eder in his introduction of Dr. Carr, and by Dr. Carr, was that the elected laymen coroners cannot give the public protection against crime and against situations and disease dangers that might present their first evidences at the coroner's office.

"There are at least 15 ways in which murder can be committed without detection by the ordinary coroner's service," Dr. Carr told his audience. With pictures and skulls Dr. Carr illustrated a number of cases in which murder had been detected where accident or suicide, on the surface, appeared to be the cause of death.

Dr. Eder and other members of the county medical association who expressed their views on the subject said that the public should have the protection of trained

service of a specially-trained physician in determining causes of death when such causes are not reported by adequately informed attending physicians.

The representatives of the law at the meetings were consulted about ways and means of changing the coroner laws of California and also concerning the advisability of having an attorney appointed as public administrator instead of using an elected layman.

Sixth National Social Hygiene Day: February 4, 1942.—Sixth National Social Hygiene Day, one of America's leading public health events, will be observed on Wednesday, February 4, 1942, according to Dr. Walter Clarke, executive director, American Social Hygiene Association.

Calling Attention to: Pharmacological items of potential interest to clinicians. Happy New Year! Make it so in responsible performance of scientific work!

1. *From those for whose international behavior we assume responsibility:* K. Mori and S. Morigami find liver and millet-feeding inhibits chemical carcinogenesis (Gann, 35: 86, 121, 1941). E. Sal (Jap. Med. Sci., Pharmacol., 14: 1, 31, 1941) shows low dosage x-ray radiation of adrenalon and tyramine intensifies hyperglycemic action, while high intensity diminishes it. 183 pharmacological reports published in Japan in 1940; abstracted in above.

2. *War items:* C. W. Glover, *Civil Defense*, Chemical Pub. Co., Brooklyn, 1941, costs \$16.50,—but may be worth it. Same company has issued *Planned Air Raid Precautions*. Consult May, 1941, *Calling Attention To* for bibliography on Chemical Warfare. K. L. Pickrell reports that daily spraying of burns with 3 per cent sulfadiazine in 8 per cent triethanolamine is very effective and without toxic reactions; also suggests ointment of 5 per cent sulfadiazine and 8 per cent triethanolamine in stearin (Bull. J. Hopkins Hosp., 69: 217, 1941).

3. *Notes on Cancer:* M. B. Shimkin discusses toxic and carcinogenic effects of stilbestrol, and finds no carcinogenic activity of desoxycorticosterone (J. Nat. Cancer Inst., 2: 55, 61, 1941). L. T. Larinow of Leningrad indicates that primary change caused by carcinogens is alteration in protein metabolism (Cancer Res., 1: 860, 1941). A. Lasnitski and A. K. Brewer in K^{39}/K^{41} ratio in sarcoma (ibid. p. 776).

4. *Notes from Nature:* J. B. S. Haldane surveys human life and death at high pressures (Nature, 148: 458, 1941). Extraordinary discussion provoked by C. H. Waddington's "Relations between Science and Ethics" (ibid., pp. 270, 342, 411, 533). C. B. Fawcett's *Bases of a World Commonwealth* (London, 1941) is reviewed by R. Brightman, who notes that they are same in principle as C. Streit's (*Union Now*), L. Curtius's (*Decision*) and J. Huxley's (*Democracy Marches*), and that tendency toward international community of ideals and interests is more significant than the particular form that community may take. (ibid., p. 515).

5. *Notes on vitamins:* C. T. Javert and C. Macri (Am. J. Obs. Gyn., 42: 409, 1941) show that daily ingestion of mineral oil reduces blood prothrombin probably by preventing absorption of K vitamins. K. Hofman, D. B. Melville and V. duVigneaud (J. Biol. Chem., 141: 207, 1941) show biotin to be a carboxylic acid with N-N' cyclic urea and thio ether radicals. E. E. Snell (ibid., p. 121) finds a dihydroxy dimethyl-butyl derivative of taurine inhibits growth of all organisms requiring performed pantothenic acid.

6. *Odds and Ends:* Neat reports on absorption, distribution and excretion of P^{32} by J. H. Lawrence, L. A. Erf and L. W. Tuttle (J. Clin. Invest., 20: 567, 1941). They find leucemic patients retain more than normals and with evidence of effectiveness (Ann. Int. Med., 15: 487, 1941). D. M. Dixon and L. H. Douglass (Bull. School Med. Univ. Maryland, 26: 139, 1941) show pentobarbital and paraldehyde significantly reduce fetal and maternal distress, duration of labor, and operative interference in delivery. R. D. Hotchkiss and R. J. DuBos report isolation of gramaicin as high MW polypeptid with no free amino groups; confirmed by H. N. Christensen, M. Tishler et al (J. Biol. Chem., 141: 155, 187, 197, 1941). B. Woolf (Proc. Roy. Soc., B, 130: 60, 1941) shows that specificity of type II pneumococcus antiserum for the type polysaccharide is due to glucuronic acid. K. M. Bowman and E. M. Jellinek review alcoholic mental disorders (Quart. J. Stud. Alc., 2: 312, 1941). A. Gorbman covers comparative anatomy and physiology of anterior pituitary (Quart. Rev. Biol., 16: 294, 1941).

† Item in Santa Barbara News, December 10.